



Administrative Conditional Use Permit Application & Questionnaire

Community Development Department – Planning Division

125 East College Street • Covina, California 91723 • (626) 384-5450 / Fax: (626) 384-5479

Also reference: "Administrative Conditional Use Permit Checklist & Guidelines" Handout.

GENERAL INFORMATION

Applicant Name:		STAFF USE ONLY DATE: MUNIS/FILE NO: ASSIGNED PLANNER:
Phone:	Email:	
Applicant Address:		
Property Owner Name:		
Property Owner Address:		
Location of Event:		

Check all that apply to your event plan and services and complete the Administrative Conditional Use Permit Questionnaire

Type of Temporary Activities	Type of Services
<input type="checkbox"/> Merchandise Retail Sales/Vendors	<input type="checkbox"/> Stage/Scaffolding
<input type="checkbox"/> Trade/Craft Show	<input type="checkbox"/> Tent/Canopies
<input type="checkbox"/> Car Show	<input type="checkbox"/> Portable Restrooms
<input type="checkbox"/> Christmas Tree Lot/Pumpkin Patch	<input type="checkbox"/> Portable Fencing/Barricades
<input type="checkbox"/> Athletic Competition TYPE: _____	<input type="checkbox"/> Posting of Signs/Banners
<input type="checkbox"/> Carnival/Mechanical Rides	<input type="checkbox"/> Street Closure
<input type="checkbox"/> Inflatable Rides/Bounce Houses	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Live Performance	<input type="checkbox"/> Dumpsters
<input type="checkbox"/> Live Animals	<input type="checkbox"/> Portable Lighting
<input type="checkbox"/> Parade on Street or Right-Of-Way	<input type="checkbox"/> Security: <input type="checkbox"/> Police <input type="checkbox"/> Private Security
<input type="checkbox"/> Alcohol Service/Sales	<input type="checkbox"/> Electrical: <input type="checkbox"/> Generator <input type="checkbox"/> City
<input type="checkbox"/> Food Service/Sales	<input type="checkbox"/> Water: <input type="checkbox"/> Private Sources <input type="checkbox"/> City
<input type="checkbox"/> Amplified Sound/Music	<input type="checkbox"/> Vehicle Access
<input type="checkbox"/> Rummage/Yard Sale	<input type="checkbox"/> Car Wash
<input type="checkbox"/> Race/Walk	<input type="checkbox"/> Fireworks
<input type="checkbox"/> Other: _____	

PROPERTY OWNER CERTIFICATION

I CERTIFY THAT I AM THE LEGAL PROPERTY OWNER AND THAT THE INFORMATION CONTAINED IN THE ADMINISTRATIVE CONDITIONAL USE PERMIT QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Date: _____ Owner Signature: _____

Print Name and Title: _____

I CERTIFY THAT I AM THE LEGAL REPRESENTATIVE OF THE PROPERTY OWNER AND THAT THE INFORMATION CONTAINED IN THE ADMINISTRATIVE CONDITIONAL USE PERMIT QUESTIONNAIRE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Date: _____ Applicant Signature: _____

Print Name and Title: _____



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APPLICANT/EVENT PROMOTER

Name of Organization: _____

Contact Person: _____ Title: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email Address: _____

Does the organization have non-profit 501(c)(3) status? Please provide a copy (for business license purposes only). ☐ Yes ☐ No

EVENT NAME: _____

EVENT LOCATION/ADDRESS: _____

EVENT DATE(S): _____

ACTUAL EVENT HOURS: START: _____ am / pm END _____ am / pm

SET UP: DATE: _____ FROM: _____ am / pm TO: _____ am / pm

STRIKE DOWN STARTS: DATE: _____ FROM: _____ am / pm TO: _____ am / pm

STRIKE DOWN COMPLETED BY: DATE: _____ TIME: _____ am / pm

A SITE PLAN IS ATTACHED WITH THIS APPLICATION AND QUESTIONNAIRE ☐ YES

EVENT DESCRIPTION: _____

MAXIMUM EXPECTED ATTENDANCE PER DAY: STAFF _____ + PARTICIPANTS _____ + SPECTATORS _____ = TOTAL _____

Is the event open to the public? ☐ Yes ☐ No

Is there an admission charge? ☐ Yes ☐ No

VENDOR AND EXHIBITORS

Will anything be sold, at the event? ☐ Yes ☐ No

If yes, how? (Check all that apply) ☐ Food beverage ☐ Auction of goods ☐ Sale of goods ☐ Services

☐ Solicitation of donations ☐ Other (Describe: _____)

Will there be retail sales by concessionaires in conjunction with this event? ☐ Yes ☐ No

How many concessionaires? _____ What types of products will be sold? _____

Will products be given away at the event? ☐ Yes ☐ No

If yes describe: _____

California State Board of Equalization No: _____

NOTE: Retail vendors and exhibitors at permitted events have to obtain a Covina business license.

FOOD / BEVERAGES

Will food be served? ☐ Yes ☐ No (If "No", move to next questionnaire topic) Served to ☐ Invited Guests ☐ General Public

Will food be cooked on site? ☐ Yes ☐ No Will non-alcoholic beverages be served? ☐ Yes ☐ No

Describe: _____

Name of Caterer: _____

If not using a professional caterer, describe food handling, preparation, distribution and clean-up procedures: _____

NOTE: If you plan to serve food to the public, you must obtain all required permits including a Health Permit from the Los Angeles County Health Department, 310-354-6473. All supply and service providers (caterers, etc.) will be required to obtain a Covina Business License.

ALCOHOL

Will alcoholic beverages be served and/or sold on site? ☐ Yes (If "Yes" A State of California Alcoholic Beverage Control (ABC) Permit will be required. Provide a copy of permit) ☐ No (If "No", move to next questionnaire topic)

If yes, describe service area and security measures planned to ensure consumption by only persons 21 years or older:

NOTE: Alcoholic beverages may not be sold or consumed at events at City parks or in public streets.

ENVIRONMENTAL SERVICES (If not applicable, move to next questionnaire topic)

Describe your plan for clean-up and for collecting and disposing of refuse.

Will the event involve water activities or washing down of item?

Describe your plans for recycling, disposal and pick up:

Will there be live animals at your event? ☐ Yes ☐ No

If yes, describe who will be responsible for pet waste removal and proper disposal:

Toilets

Will Portable toilets be used at event? ☐ Yes ☐ No If "Yes", how many? _____

NOTE: The Los Angeles County Health Department recommends one (1) chemical toilet for every 250 men and two (2) chemical for every 175 women. At least 10% of toilets must be accessible to disabled persons. If your event is planned for night, all restrooms must be properly illuminated. A refundable clean-up/damage deposit may be required. The City of Covina encourages recycling and may require a Zero Waste Management Plan. Toilets must be on secondary containment in case of spills.

LOS ANGELES COUNTY FIRE DEPARTMENT (If not applicable, move to next questionnaire topic)

Which of the following will you be using?

☐ Tents How many? _____ Dimensions of each _____ x _____

☐ Canopies How many? _____ Dimensions of each _____ x _____

☐ Generators How many? _____ Size/type? _____

☐ Cooking/Open Flame

☐ First Aid Facilities

☐ Special Effects (describe) _____

☐ Other (describe) _____

BUILDING & SAFETY (If not applicable, move to next questionnaire topic)

Which of the following will you be constructing or assembling?

☐ Stages (How many? _____ Height: _____ inches

☐ Tent in excess of 400 sq. ft.

☐ Bleachers or other seating

☐ Structure in excess of 120 sq. ft. area

☐ Canopy (open sides) in excess of 700 sq. ft. area

☐ Displays or other structures (describe)

☐ Platform

NOTE: Building and Safety may require an inspection, building permit, and/or engineer drawings. Stages, platforms and decks more than 30" above grade require a Building Permit.

ACCESSIBILITY PLAN (If not applicable, move to next questionnaire topic)

Applicant must comply with all city, county, state, and federal disability access requirements applicable to the event, including the American with Disabilities Act (ADA). All indoor and outdoor sites, activities, and programs must be accessible to persons with disabilities.

Describe your accessibility plan: _____

POLICE / SECURITY (If not applicable, move to next questionnaire topic)

Will you be hiring a private security company? ☐ Yes ☐ No Total number of security personnel _____

Name of security company: _____

Will any security guards be armed? ☐ Yes ☐ No If yes, how many? _____

NOTE: Covina Police Department personnel may be required at your event and at the applicant's expense. All service providers (security, etc.) will be required to obtain a Covina Business License and Private Patrol Operator Permit.

ENTERTAINMENT / SOUND AMPLIFICATION

Will there be amplified sound/music during the event? ☐ Yes ☐ No (If "No", move to next questionnaire topic)

If yes, where? ☐ Indoors ☐ Outdoors

Hours of amplified sound/music: Date: _____ Start: _____ am / pm Finish: _____ am / pm

Date: _____ Start: _____ am / pm Finish: _____ am / pm

Number of stages: _____ Height of stages: _____

Number of bands: _____ Type of music: _____

Name of entertainers: _____

Describe other amplified sound: _____

Sound Check: Date: _____ Start: _____ am / pm Finish: _____ am / pm

NOTE: Music or other amplified sound must be an incidental component of the event and stages must be no more than 30" above grade. Depending on event site and its proximity to residential areas, the duration of amplified sound may be restricted.

SIGNAGE

What type of signage will you have at your event? Where and how will it be mounted? _____

NOTE: Temporary signs that identify or pertain to the event may be installed within the event. Restrictions on the size of the logo vary by event venue. Inflatable signage that includes advertising or promotions is prohibited. All temporary signs with or without logos must be approved by City staff in advance of the event.

PARKING / TRANSPORTATION MANAGEMENT (If not applicable, move to next questionnaire topic)

Number of vehicles expected for staff and guests? _____

Describe parking plans (specify parking location, shuttle service, etc.): _____

Describe how attendees will arrive at the event (designated drop-off area, all arrive at once; arrive at various times, etc.): _____

Will you need to reserve parking spaces? ☐ Yes ☐ No

Specify location _____

Are you hiring a valet parking service? ☐ Yes ☐ No Auto valet parking company will be required to obtain a Covina Business License. If operating on public streets, a valet parking permit and garage keeper's liability insurance will also be required.

NOTE: Event may require a Transportation Management Plan/Traffic Control Plan to be submitted by the applicant and prepared by a licensed traffic engineer. The level of detail required will be directly related to the size and scope of the event. The Transportation Management Plan/Traffic Control Plan must be reviewed and approved by the City before approval of the event.

STREET CLOSURES (If not applicable, move to next questionnaire topic)

Are you requesting a street or lane closure? ☐ Yes ☐ No Describe: _____

Are you requesting closure of more than one block? ☐ Yes ☐ No

Describe location and exact time of closure: _____

NOTE: Street closures, if authorized, require a City approved temporary traffic control plan (submitted by the applicant and prepared by a licensed traffic engineer) to be implemented at the event that may include but not limited to hiring traffic service personnel and paying for barricades, signage, bus re-routing and parking space reservations.

ADDITIONAL CITY REQUIREMENTS

Business Licenses

All supply/service providers (caterer, promoter, security, valet, rental companies, etc.) will be required to obtain a Covina Business License. Retail vendors are exempt from having to obtain a business license.

Neighbor Notification

Residents and businesses within 500 feet of an event site must be notified in writing at least 10 calendar days prior to an event held outdoors or in a tent/temporary structure if there will be amplified sound or live music or if the event requires a street closure(s). The notice will include a brief description of the event, date and time of event, the name of a contact person, and a means for reaching the person during the event in case there is a problem. There is a set fee for mailing out the notice for events at fixed venues.

Indemnity and Hold Harmless Agreement

Event organizer will be required to execute a Defense, Indemnity and Hold Harmless Agreement. Depending on the type of event such as rummage and yard sale, the intensity and the duration of the event, the Community Development Director and City's Risk Manager may authorize a waiver of the required Agreement.

Insurance

Commercial General Liability Insurance, or its equivalent, with limits not less than \$2 million per occurrence. Some events may require higher limits, auto, liquor, participant, or garage keeper's liability and depending on the type of event such as rummage and yard sales, the intensity and duration of the event, the Community Development Director and City's Risk Manager may authorize a waiver of the required insurance. Such insurance shall be primary and not contribute with insurance or self-insurance maintained by the City of Covina. Such insurance shall be endorsed to designate the City of Covina, its elected and appointed officials, employees, and volunteers as additional insured. A certificate of insurance from the vendor installing the temporary structure (e.g., stage, bleachers, etc.) providing evidence of general liability insurance coverage in the amount of \$2 million per occurrence.

APPROVAL AND APPEAL PROCESS

The action taken by the Community Development Director and/or his designee is final, unless a written appeal to the Planning Commission is filed within 10 calendar days after the date of the decision, and in accordance to Municipal Code Section 17.62.260.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I WILL FULLY COMPLY WITH THE SPECIFIC CONDITIONS OF THE ADMINISTRATIVE CONDITIONAL USE PERMIT.

Submitted by _____

(Please Print)

Title _____

Signature _____ Date _____